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Fill in this information to identify your case:		
United States Bankruptcy Court for the:		
NORTHERN DISTRICT OF ILLINOIS	<u>.</u>	
Case number (if known)	Chapter you are filing under:	
	■ Chapter 7	
	☐ Chapter 11	
	☐ Chapter 12	
	☐ Chapter 13	Check if this an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Pai	rt 1: Identify Yourself		
		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
1.	Your full name		
	Write the name that is on	NICOLE	
	your government-issued picture identification (for	First name	 First name
	example, your driver's	L.	
	license or passport).	Middle name	 Middle name
	Bring your picture	KINKIN	
	identification to your meeting with the trustee.	Last name and Suffix (Sr., Jr., II, III)	Last name and Suffix (Sr., Jr., II, III)
2.	All other names you have used in the last 8 years		
	Include your married or maiden names.		
3.	Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)	xxx-xx-4233	

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Debtor 1 NICOLE L. KINKIN Case number (if known) About Debtor 1: About Debtor 2 (Spouse Only in a Joint Case): Any business names and **Employer Identification** Numbers (EIN) you have ■ I have not used any business name or EINs. □ I have not used any business name or EINs. used in the last 8 years Include trade names and Business name(s) Business name(s) doing business as names EINs **EINs** If Debtor 2 lives at a different address: Where you live 1040 Ontario Street, Unit 3K Oak Park, IL 60302 Number, Street, City, State & ZIP Code Number, Street, City, State & ZIP Code Cook County County If Debtor 2's mailing address is different from yours, fill it If your mailing address is different from the one above, fill it in here. Note that the court will send any in here. Note that the court will send any notices to this notices to you at this mailing address. mailing address. Number, P.O. Box, Street, City, State & ZIP Code Number, P.O. Box, Street, City, State & ZIP Code Why you are choosing Check one: Check one: this district to file for

bankruptcy

- Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.
- I have another reason. Explain. (See 28 U.S.C. § 1408.)

- Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.
- I have another reason. Explain. (See 28 U.S.C. § 1408.)

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Deb	tor 1	NICOLE L. KINKIN	<u> </u>				Case number (if known)	
Part	t 2 :	Tell the Court About	our Bank	cruptcy Ca	ase			
7.	Bank	chapter of the	Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box.					
	CHOC	sing to file under	■ Chap	ter 7				
			☐ Chap	ter 11				
			☐ Chap	ter 12				
			☐ Chap	ter 13				
8.	How	you will pay the fee	ab ord	out how yo	ou may pay. Typicall attorney is submittir	y, if you are paying the fee yo	k with the clerk's office in your local court for mo purself, you may pay with cash, cashier's check, alf, your attorney may pay with a credit card or o	, or money
					y the fee in installmee in Installmee (O		on, sign and attach the Application for Individua	ls to Pay
			bu [.] tha	t is not req at applies t	quired to, waive your to your family size ar	fee, and may do so only if you	n only if you are filing for Chapter 7. By law, a ju our income is less than 150% of the official pove fee in installments). If you choose this option, you Official Form 103B) and file it with your petition.	erty line ou must fill
							onomi rom rood, and me name your pounds.	
9.	bank	you filed for cruptcy within the	■ No.					
	last 8	3 years?	☐ Yes.					
				District		When	Case number	
				District		When		
				District		When	Case number	
10.		any bankruptcy	■ No					
	filed not f you,	s pending or being by a spouse who is iling this case with or by a business ner, or by an ate?	☐ Yes.					
				Debtor			Relationship to you	
				District		When	Case number, if known	
				Debtor			Relationship to you	
				District		When	Case number, if known	
11.	Do v	ou rent your	■ No.	Go to	line 12.			
		lence?				l an eviction judament agains	t you and do you want to stay in your residence	?
			☐ Yes.	_	No. Go to line 12.	an eviction judgment agains	is you and do you want to stay in your residence	
						Statement About an Eviction	Judgment Against You (Form 101A) and file it w	vith this
				J	bankruptcy petition		and the transfer of the state o	

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Deb	otor 1 NICOLE L. KINKIN	ı		Case number (if known)				
Par	t 3: Report About Any Bu	sinesses	You Own as a Sole Propr	ietor				
	Are you a sole proprietor		·					
12.	of any full- or part-time business?	■ No.	Go to Part 4.					
		☐ Yes.	Name and location of b	pusiness				
	A sole proprietorship is a	operate as Name of business, if any						
	business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.							
	If you have more than one sole proprietorship, use a separate sheet and attach		Number, Street, City, S	State & ZIP Code				
	it to this petition.		Check the appropriate	box to describe your business:				
			☐ Health Care But	siness (as defined in 11 U.S.C. § 101(27A))				
			☐ Single Asset Re	eal Estate (as defined in 11 U.S.C. § 101(51B))				
			☐ Stockbroker (as	s defined in 11 U.S.C. § 101(53A))				
			☐ Commodity Bro	oker (as defined in 11 U.S.C. § 101(6))				
			☐ None of the about	ove				
13.	Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor?	deadline operation	s. If you indicate that you a	the court must know whether you are a small business debtor so that it can set appropriate re a small business debtor, you must attach your most recent balance sheet, statement of it dederal income tax return or if any of these documents do not exist, follow the procedure				
	For a definition of small	■ No.	I am not filing under Ch	napter 11.				
	business debtor, see 11 U.S.C. § 101(51D).	□ No.	I am filing under Chapt Code.	er 11, but I am NOT a small business debtor according to the definition in the Bankruptcy				
		☐ Yes.	I am filing under Chapt	er 11 and I am a small business debtor according to the definition in the Bankruptcy Code.				
Par	t 4: Report if You Own or	Have An	v Hazardous Property or A	Any Property That Needs Immediate Attention				
	Do you own or have any	■ No.	,	any respectly mannesses minimum and recomment				
	property that poses or is alleged to pose a threat	☐ Yes.						
	of imminent and identifiable hazard to	□ res.	What is the hazard?					
	public health or safety?							
	Or do you own any property that needs immediate attention?		If immediate attention is needed, why is it needed	?				
	For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?		Where is the property?	Number, Street, City, State & Zip Code				

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Case 16-02589 Doc 1 Filed 01/28/16 Desc Main Page 5 of 53 Document Debtor 1 **NICOLE L. KINKIN** Case number (if known) Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling **About Debtor 1:** About Debtor 2 (Spouse Only in a Joint Case): 15. Tell the court whether You must check one: You must check one: you have received a ☐ I received a briefing from an approved credit I received a briefing from an approved credit briefing about credit counseling agency within the 180 days before I counseling agency within the 180 days before I filed counseling. filed this bankruptcy petition, and I received a this bankruptcy petition, and I received a certificate of certificate of completion. completion. The law requires that you Attach a copy of the certificate and the payment Attach a copy of the certificate and the payment plan, if receive a briefing about plan, if any, that you developed with the agency. any, that you developed with the agency. credit counseling before you file for bankruptcy. I received a briefing from an approved credit You must truthfully check I received a briefing from an approved credit counseling agency within the 180 days before I counseling agency within the 180 days before I filed one of the following this bankruptcy petition, but I do not have a choices. If you cannot do filed this bankruptcy petition, but I do not have so, you are not eligible to a certificate of completion. certificate of completion. Within 14 days after you file this bankruptcy Within 14 days after you file this bankruptcy petition, you petition, you MUST file a copy of the certificate and MUST file a copy of the certificate and payment plan, if If you file anyway, the court payment plan, if any. can dismiss your case, you will lose whatever filing fee I certify that I asked for credit counseling I certify that I asked for credit counseling services you paid, and your services from an approved agency, but was from an approved agency, but was unable to obtain creditors can begin unable to obtain those services during the 7 those services during the 7 days after I made my collection activities again. days after I made my request, and exigent request, and exigent circumstances merit a 30-day circumstances merit a 30-day temporary waiver temporary waiver of the requirement. of the requirement. To ask for a 30-day temporary waiver of the requirement, To ask for a 30-day temporary waiver of the attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why before you filed for bankruptcy, and what exigent you were unable to obtain it before you filed for circumstances required you to file this case. bankruptcy, and what exigent circumstances Your case may be dismissed if the court is dissatisfied required you to file this case. with your reasons for not receiving a briefing before you Your case may be dismissed if the court is filed for bankruptcy. dissatisfied with your reasons for not receiving a If the court is satisfied with your reasons, you must still briefing before you filed for bankruptcy. receive a briefing within 30 days after you file. You must If the court is satisfied with your reasons, you must file a certificate from the approved agency, along with a still receive a briefing within 30 days after you file. copy of the payment plan you developed, if any. If you do You must file a certificate from the approved not do so, your case may be dismissed. agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case Any extension of the 30-day deadline is granted only for may be dismissed. cause and is limited to a maximum of 15 days. Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days. I am not required to receive a briefing about I am not required to receive a briefing about credit credit counseling because of: counseling because of: Incapacity. I have a mental illness or a Incapacity. I have a mental illness or a mental mental deficiency that makes deficiency that makes me incapable of realizing or making rational me incapable of realizing or making rational decisions decisions about finances. about finances. My physical disability causes My physical disability causes me to Disability. Disability. me to be unable to participate be unable to participate in a briefing in a briefing in person, by in person, by phone, or through the phone, or through the internet, even after I reasonably tried internet, even after I to do so. reasonably tried to do so. Active duty. I am currently on active Active duty. I am currently on active military duty П military duty in a military in a military combat zone. combat zone.

If you believe you are not required to receive a

briefing about credit counseling, you must file a

motion for waiver of credit counseling with the

court.

If you believe you are not required to receive a briefing

of credit counseling with the court.

about credit counseling, you must file a motion for waiver

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Deb	tor 1 NICOLE L. KINKIN	l		Case numbe	(if known)
Part	6: Answer These Questi	ons for R	eporting Purposes		
16.	What kind of debts do you have?	16a.	Are your debts primarily consu individual primarily for a personal.		ned in 11 U.S.C. § 101(8) as "incurred by an
			☐ No. Go to line 16b.		
			Yes. Go to line 17.		
		16b.		ess debts? Business debts are debts ent or through the operation of the bus	
			☐ No. Go to line 16c.		
			☐ Yes. Go to line 17.		
		16c.	State the type of debts you owe the	hat are not consumer debts or busines	ss debts
17.	Are you filing under Chapter 7?	□ No.	I am not filing under Chapter 7. G	So to line 18.	
	Do you estimate that after any exempt property is excluded and	■ Yes.		ou estimate that after any exempt prop be available to distribute to unsecured	
	administrative expenses		■ No		
	are paid that funds will be available for distribution to unsecured creditors?		☐ Yes		
18.	How many Creditors do you estimate that you owe?	■ 1-49 □ 50-99 □ 100-1 □ 200-9	99	☐ 1,000-5,000 ☐ 5001-10,000 ☐ 10,001-25,000	☐ 25,001-50,000 ☐ 50,001-100,000 ☐ More than100,000
19.	How much do you estimate your assets to be worth?	\$ 100,	50,000 01 - \$100,000 001 - \$500,000 001 - \$1 million	□ \$1,000,001 - \$10 million □ \$10,000,001 - \$50 million □ \$50,000,001 - \$100 million □ \$100,000,001 - \$500 million	☐ \$500,000,001 - \$1 billion ☐ \$1,000,000,001 - \$10 billion ☐ \$10,000,000,001 - \$50 billion ☐ More than \$50 billion
20.	How much do you estimate your liabilities to be?	= \$100,	50,000 001 - \$100,000 001 - \$500,000 001 - \$1 million	□ \$1,000,001 - \$10 million □ \$10,000,001 - \$50 million □ \$50,000,001 - \$100 million □ \$100,000,001 - \$500 million	□ \$500,000,001 - \$1 billion □ \$1,000,000,001 - \$10 billion □ \$10,000,000,001 - \$50 billion □ More than \$50 billion
Part	:7: Sign Below				
For	you	I have ex	amined this petition, and I declare	under penalty of perjury that the inforr	mation provided is true and correct.
				m aware that I may proceed, if eligible available under each chapter, and I ch	, under Chapter 7, 11,12, or 13 of title 11, noose to proceed under Chapter 7.
				ay or agree to pay someone who is not tice required by 11 U.S.C. § 342(b).	ot an attorney to help me fill out this
		I request	relief in accordance with the chapt	ter of title 11, United States Code, spe	cified in this petition.
		bankrupt 1519, an	cy case can result in fines up to \$2		or property by fraud in connection with a years, or both. 18 U.S.C. §§ 152, 1341,
		NICOLE	E L. KINKIN e of Debtor 1	Signature of Debtor	72
		Executed	January 28, 2016 MM / DD / YYYY	Executed on MM	/ DD / YYYY

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Debtor 1 NICOLE L. KINKIN	V	Cas	e number (if known)
For your attorney, if you are represented by one		ed States Code, and have	e informed the debtor(s) about eligibility to proceed explained the relief available under each chapter debtor(s) the notice required by 11 U.S.C. §
If you are not represented by an attorney, you do not need to file this page.	342(b) and, in a case in which § 707(b)(4)(D) in the schedules filed with the petition is income		no knowledge after an inquiry that the information
	/s/ Richard L. Hirsh	Date	January 28, 2016
	Signature of Attorney for Debtor		MM / DD / YYYY
	Richard L. Hirsh		
	Printed name		
	Richard L. Hirsh, P.C.		
	Firm name		
	1500 Eisenhower Lane		
	Suite 800		
	Lisle, IL 60532-2135		
	Number, Street, City, State & ZIP Code		
	Contact phone 630 434-2600	Email address	richala@sbcglobal.net
	1225936		
	Bar number & State		

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		Documen	t Page 8 of 53	
Fill in this inform	nation to identify your	case:		
Debtor 1	NICOLE L. KINKIN	l .		
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	nkruptcy Court for the:	NORTHERN DISTRICT	OF ILLINOIS	
Case number				
(if known)				Check if this is an amended filing
Official Fo	rm 106Sum			
Summary o	of Your Assets a	ınd Liabilities ar	nd Certain Statistical Informatio	n 12/15
information. Fill	out all of your schedule	es first; then complete t	e are filing together, both are equally responsib ne information on this form. If you are filing am k the box at the top of this page.	

Summarize Your Assets Your assets Value of what you own Schedule A/B: Property (Official Form 106A/B) 77,000.00 1a. Copy line 55, Total real estate, from Schedule A/B...... 1b. Copy line 62, Total personal property, from Schedule A/B..... 50,788.27 1c. Copy line 63, Total of all property on Schedule A/B..... 127,788.27 Part 2: Summarize Your Liabilities Your liabilities Amount you owe Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 216.025.00 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D... 3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 0.00 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F..... 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F..... 53,911.41 Your total liabilities \$ 269,936.41 Part 3: Summarize Your Income and Expenses Schedule I: Your Income (Official Form 106I) 4,594.24 Copy your combined monthly income from line 12 of Schedule I..... Schedule J: Your Expenses (Official Form 106J) 5,630.00 Copy your monthly expenses from line 22c of Schedule J..... Part 4: Answer These Questions for Administrative and Statistical Records

6. Are you filing for bankruptcy under Chapters 7, 11, or 13?

No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Yes

- 7. What kind of debt do you have?
 - Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
 - Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

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Debtor 1 NICOLE L. KINKIN Case number (if known)

3. From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

\$ 7,354.23

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

	Total c	laim
From Part 4 on Schedule E/F, copy the following:		
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	13,048.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. Total. Add lines 9a through 9f.	\$	13,048.00

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						1	
Debtor 1	NICOLE L. KINK						
Debtor 2	First Name	Middle Nar	me	Last Name			
Spouse, if filing)	First Name	Middle Nar	me	Last Name			
United States Ban	kruptcy Court for the:	NORTHERN D	DISTE	RICT OF ILLINOIS			
Case number							Check if this is an amended filing
~ · · · -	400A/D					1	amenaea ming
Official For							
Schedule	: A/B: Prop	perty					12/15
•	d, attach a separate sho	eet to this form. Or		top of any additional pages, write your na	me and case n	umber (if known).	. Answer every question
	ve any legal or equitabl	<u></u>		Estate You Own or Have an Interest In nee, building, land, or similar property?			
Do you own or ha No. Go to Part 2 Yes. Where is 1.1 1040 Ontar	ve any legal or equitabl	e interest in any re	esider		amount of	any secured claims	
Do you own or ha No. Go to Part 2 Yes. Where is 1.1 1040 Ontar Street address, if	ve any legal or equitable. the property? io Street, Unit 3K available, or other description	e interest in any re	esider What	is the property? Check all that apply Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land	amount of a Creditors V Current va entire prop	any secured claims Who Have Claims alue of the perty?	s on Schedule D: Secured by Property. Current value of the portion you own?
Do you own or ha No. Go to Part 2 Yes. Where is: 1.1 1040 Ontar Street address, if	ve any legal or equitable. the property? io Street, Unit 3K available, or other description	e interest in any re	What	is the property? Check all that apply Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home	Current va entire prop	any secured claims of the coperty? photostatus of the perty? photostatus of your he nature of your	Secured by Property. Current value of the
Do you own or ha No. Go to Part 2 Yes. Where is 1.1 1040 Ontar Street address, if	ve any legal or equitable. the property? io Street, Unit 3K available, or other description	e interest in any re	What	is the property? Check all that apply Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare Other	Current va entire prop	any secured claims of the perty? p. 54,000.00 he nature of your ee simple, tenancie), if known.	Son Schedule D: Secured by Property. Current value of the portion you own? \$77,000.00

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

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Debto	r1 N	ICOLE L. K	INKIN		Case number (if known)	
Car	s, vans,	trucks, tract	tors, sport utility ve	hicles, motorcycles		
ΠN	lo					
■ Y						
_ '	00					
3.1	Make:	BUICK		Who has an interest in the property? Check one		ed claims or exemptions. Put
	Model:	LACROS	SE	■ Debtor 1 only		ecured claims on Schedule D: Claims Secured by Property.
	Year:	2012		☐ Debtor 2 only	Current value of the	, , ,
	Approxin	nate mileage:	31200	Debtor 1 and Debtor 2 only	entire property?	portion you own?
	Other inf	ormation:		☐ At least one of the debtors and another		
	Location	on: 1040 Or	ntario Street,		A40.050.4	
	Unit 3k	K, Oak Park	IL 60302	☐ Check if this is community property (see instructions)	\$12,953.0	00 \$12,953.0
3.2	Make:	CHEVRO	LET	Who has an interest in the property? Check one		ed claims or exemptions. Put
	Model:	CAPTIVA		Debtor 1 only		ecured claims on Schedule D: Claims Secured by Property.
	Year:	2013		Debtor 2 only		, , ,
		nate mileage:	27500	Debtor 1 and Debtor 2 only	Current value of the entire property?	Current value of the portion you own?
	Other inf	ormation:		At least one of the debtors and another		
Γ	Location	on: 1040 Or	ntario Street,			
		K, Oak Park		Check if this is community property (see instructions)	\$10,934.0	90 \$10,934.0
□ Y	d the do	llar value of	the portion you ow	n for all of your entries from Part 2, includi	ng any entries for	\$23,887.00
.pag	ges you	have attache	ed for Part 2. Write	that number here	=>	Ψ23,867.00
art 3:	Descril	be Your Persor	nal and Household Ite	ms		
o yo	u own o	or have any le	egal or equitable in	terest in any of the following items?		Current value of the portion you own? Do not deduct secured claims or exemptions.
	amples:	goods and f Major applian	•	, china, kitchenware		
• \	Yes. De	scribe				
			Household goo	ds located at 1040 Ontario, Unit 3K, Oa	ak Park II	
				ng Room) couches, bookcases, chairs		
			lamps; (Dining	Room) table, chairs, lamp, silverware;	(Bedrooms)	
				essers, chest of drawers, desks, mirro		
				chairs, microwave, refrigerator, dishw		
				re; (Other Rooms) sewing machine, va amera, air conditioner, power tools.	acuulli	\$955.0
			2.20			
	ctronics amples		nd radios: audio vide	eo, stereo, and digital equipment; computers,	nrinters scanners music co	allections: electronic device
	•			nedia players, games	primoro, ocarinoro, music ce	modulono, oloculonilo devides

☐ No

■ Yes. Describe.....

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De	btor 1 NICOLE L	. KINKIN Case number (if known)	
		Household goods located at 1040 Ontario, Unit 3K, Oak Park, IL 60532, including: (Living Room) radio, TVs, stereo, DVD players; (Bedrooms) radios, TV, stereo, DVDs, computers; (Other Rooms) computer.	\$327.50
		and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coi ections, memorabilia, collectibles	n, or baseball card collections;
		Kids books & DVDs	\$400.00
		School booksteaching manuals and books used for teaching	\$600.00
		s and hobbies otographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes struments	and kayaks; carpentry tools;
	Firearms Examples: Pistols, r No □ Yes. Describe	ifles, shotguns, ammunition, and related equipment	
	Clothes Examples: Everyday □ No • Yes. Describe	clothes, furs, leather coats, designer wear, shoes, accessories	
		Women's clothing including pants, skirts, blouses, tops, dresses.	\$500.00
	Jewelry Examples: Everyday □ No ■ Yes. Describe	p jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, Engagement ring, wedding rings, other ring and necklace	gold, silver \$3,623.00
	Non-farm animals Examples: Dogs, ca No □ Yes. Describe	ts, birds, horses	
	Any other personal ■ No □ Yes. Give specific	and household items you did not already list, including any health aids you did not list information	
15		ue of all of your entries from Part 3, including any entries for pages you have attached nat number here	\$6,405.50
	t 4: Describe Your Fir		
Do	you own or have ar	y legal or equitable interest in any of the following?	Current value of the

portion you own?
Do not deduct secured claims or exemptions.

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De	ebtor 1	NICOLE L.	KINKIN		Case number (if known)	
16.	□ No		u have in your wallet, in your l	nome, in a safe deposit box, and on hand v	when you file your petition	
					on debtor's person	\$127.00
				counts; certificates of deposit; shares in cr ts with the same institution, list each.	redit unions, brokerage houses, a	and other similar
	Yes			Institution name:		
			17.1.	Checking account only, US	Bank	\$250.00
18.			s, or publicly traded stocks s, investment accounts with b	prokerage firms, money market accounts		
	_		Institution or issue	r name:		
19.	and joi	ublicly traded s int venture	stock and interests in incor	porated and unincorporated businesse	s, including an interest in an L	LC, partnership,
	■ No □ Yes.	Give specific in	nformation about them Name of entity:		% of ownership:	
20.	Negotia Non-ne	able instrumen egotiable instru	ts include personal checks, c	gotiable and non-negotiable instrument ashiers' checks, promissory notes, and moransfer to someone by signing or deliverin	oney orders.	
21.		ment or pension bles: Interests in		403(b), thrift savings accounts, or other p	ension or profit-sharing plans	
		List each acco	unt separately. Type of account:	Institution name:		
			Pension	TRS Pension		\$19,118.77
22.	Your sl	hare of all unus		so that you may continue service or use fro t, public utilities (electric, gas, water), telec		thers
	☐ Yes.			Institution name or individual:		
23.	Annuiti ■ No	ies (A contract	for a periodic payment of mo	ney to you, either for life or for a number o	f years)	
	☐ Yes	l	ssuer name and description.			
24.	26 U.S.0		tion IRA, in an account in a , 529A(b), and 529(b)(1).	qualified ABLE program, or under a qu	alified state tuition program.	
	■ No □ Yes	1	nstitution name and descripti	on. Separately file the records of any inter-	ests.11 U.S.C. § 521(c):	
25.	Trusts, ■ No	, equitable or f	tuture interests in property	(other than anything listed in line 1), and	d rights or powers exercisable	for your benefit
		Give specific in	nformation about them			

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De	ebtor 1	NICOLE L. KINKIN		Case number (if known)	
26.	_Examp		e secrets, and other intellectual property sites, proceeds from royalties and licensing agreeme	ents	
	■ No □ Yes.	Give specific information about t	hem		
27.	Licens Examp ■ No	es, franchises, and other gener	ral intangibles censes, cooperative association holdings, liquor licer	nses, professional licenses	i.
		property owed to you?			Current value of the
1410	oney or	property owed to you:			portion you own? Do not deduct secured claims or exemptions.
	Tax ref ☐ No	unds owed to you			
		Give specific information about the	nem, including whether you already filed the returns a	and the tax years	
			potential tas refund for 2015; estimated \$2000 on joint return		\$1,000.0
31.	■ No □ Yes. Interes Examp ■ No	benefits; unpaid loans you make the specific information Its in insurance policies of the sides: Health, disability, or life insurance.	rance; health savings account (HSA); credit, homeow		
	☐ Yes.	Name the insurance company of Company r		ry:	Surrender or refund value:
	If you a someo	erest in property that is due your are the beneficiary of a living trust one has died. Give specific information	u from someone who has died t, expect proceeds from a life insurance policy, or are	currently entitled to receive	e property because
	Examp ■ No	oles: Accidents, employment disp	or not you have filed a lawsuit or made a demand utes, insurance claims, or rights to sue	for payment	
		Describe each claim	nims of every nature, including counterclaims of t	he debtor and rights to a	set off claims
J4.	■ No	onungent and uniquidated Cla	anns or every nature, including counterclaims of t	ne debior and rights to s	et on Gains
	☐ Yes.	Describe each claim			
35.	_ `	ancial assets you did not alrea	dy list		
	■ No □ Yes.	Give specific information			

Official Form 106A/B Schedule A/B: Property page 5

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Debto	or 1 NICOLE L. KINKIN		Case number (if known)	
	Add the dollar value of all of your entries from Part 4, including for Part 4. Write that number here			\$20,495.77
Part 5	: Describe Any Business-Related Property You Own or Have an Interes	t In. List any real estate	e in Part 1.	
37. Do	you own or have any legal or equitable interest in any business-related	property?		
I	No. Go to Part 6.			
	es. Go to line 38.			
Part 6	Describe Any Farm- and Commercial Fishing-Related Property You O If you own or have an interest in farmland, list it in Part 1.	wn or Have an Interest	ln.	
46. D	o you own or have any legal or equitable interest in any farm-	or commercial fishi	ng-related property?	
	No. Go to Part 7.			
	Yes. Go to line 47.			
Part 7	Describe All Property You Own or Have an Interest in That You D	oid Not List Above		
E	o you have other property of any kind you did not already list? Examples: Season tickets, country club membership No			
	Yes. Give specific information			
54.	Add the dollar value of all of your entries from Part 7. Write tha	nt number here		\$0.00
Part 8	List the Totals of Each Part of this Form			
55. I	Part 1: Total real estate, line 2			\$77,000.00
56. I	Part 2: Total vehicles, line 5	\$23,887.00	_	
57. I	Part 3: Total personal and household items, line 15	\$6,405.50		
58. I	Part 4: Total financial assets, line 36	\$20,495.77		
59. I	Part 5: Total business-related property, line 45	\$0.00		
60. I	Part 6: Total farm- and fishing-related property, line 52	\$0.00		
61. I	Part 7: Total other property not listed, line 54 +	\$0.00		
62.	Total personal property. Add lines 56 through 61	\$50,788.27	Copy personal property total	\$50,788.27
63.	Total of all property on Schedule A/B. Add line 55 + line 62			\$127,788.27

Official Form 106A/B Schedule A/B: Property page 6

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Fill in this information to identify your case:							
Debtor 1							
	First Name	Middle Name	Last Name				
Debtor 2							
(Spouse if, filing)	First Name	Middle Name	Last Name				
United States Bankruptcy Court for the:		NORTHERN DISTRICT	OF ILLINOIS				
Case number							
(if known)					☐ Check if this is an amended filing		

Official Form 106C

Schedule C: The Property You Claim as Exempt

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1:	identity	y tne Pro	perty You	Claim as	Exempt

- You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
- ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)
- 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

	Amount of the exemption you claim		Specific laws that allow exemption
portion you own Copy the value from Schedule A/B	Che	ck only one box for each exemption.	
\$600.00		\$600.00	735 ILCS 5/12-1001(d)
		100% of fair market value, up to any applicable statutory limit	
\$500.00		100%	735 ILCS 5/12-1001(a)
		100% of fair market value, up to any applicable statutory limit	
\$3,623.00		100%	735 ILCS 5/12-1001(b)
		100% of fair market value, up to any applicable statutory limit	
\$127.00	•	\$127.00	735 ILCS 5/12-1001(b)
		100% of fair market value, up to any applicable statutory limit	
\$250.00		\$250.00	735 ILCS 5/12-1001(b)
		100% of fair market value, up to any applicable statutory limit	
c	\$600.00 \$500.00 \$127.00	\$500.00	\$600.00 \$600.0

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btor 1 NICOLE L. KINKIN		Case number (if known)				
Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption			
	Copy the value from Schedule A/B	Check only one box for each exemption.				
Pension: TRS Pension	\$19,118.77	■ 100%	40 ILCS 5/16-190, 5/17-151			
Line Holl Schedule A.B. 21.1		☐ 100% of fair market value, up to any applicable statutory limit				
(Subject to adjustment on 4/01/16 and every			nt.)			
<u> </u>	ered by the exemption w	ithin 1,215 days before you filed this case	?			
	Brief description of the property and line on Schedule A/B that lists this property Pension: TRS Pension Line from Schedule A/B: 21.1 Are you claiming a homestead exemption (Subject to adjustment on 4/01/16 and every No Yes. Did you acquire the property covery No	Brief description of the property and line on Schedule A/B that lists this property Current value of the portion you own Copy the value from Schedule A/B Pension: TRS Pension Line from Schedule A/B: 21.1 Are you claiming a homestead exemption of more than \$155,67 (Subject to adjustment on 4/01/16 and every 3 years after that for call No Yes. Did you acquire the property covered by the exemption with No No	Brief description of the property and line on Schedule A/B that lists this property Copy the value from Schedule A/B Pension: TRS Pension Line from Schedule A/B: 21.1 \$19,118.77 \$100% of fair market value, up to any applicable statutory limit Are you claiming a homestead exemption of more than \$155,675? (Subject to adjustment on 4/01/16 and every 3 years after that for cases filed on or after the date of adjustment No Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case.			

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Fill in this informa	tion to identify you	ur case:				
Debtor 1	NICOLE L. KINH	KIN				
-	First Name	Middle Name	Last Name		-	
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name		-	
United States Bank	ruptcy Court for the	: NORTHERN DISTRICT OF ILLIN	NOIS		-	
Case number (if known)						if this is an led filing
Official Form	106D					
		· Who Hove Claims S	`aaurad	by Droport	.,	40/45
Schedule D	creditors	Who Have Claims S	ecurea	by Propert	<u>y </u>	12/15
		f two married people are filing together, , number the entries, and attach it to this				
1. Do any creditors ha	ve claims secured by	your property?				
□ No. Check th	nis box and submit t	his form to the court with your other s	schedules. Yo	ou have nothing else	to report on this form.	
_	II of the information			-		
	Secured Claims	20.011.				
		nore than one secured claim, list the credito	ar congratoly for	Column A	Column B	Column C
each claim. If more that	an one creditor has a p	particular claim, list the other creditors in Pa er according to the creditor's name.		Amount of claim Do not deduct the value of collateral.	Value of collateral that supports this claim	Unsecured portion If any
2.1 Ally Financi Creditor's Name	al	Describe the property that secures the 2013 CHEVROLET CAPTIVA 2		\$17,287.00	\$10,934.00	\$6,353.00
	0901 n, MN 55438 ty, State & Zip Code	miles Location: 1040 Ontario Street 3K, Oak Park IL 60302 As of the date you file, the claim is: Ch apply. Contingent Unliquidated Disputed	t, Unit			
Who owes the debt	? Check one.	Nature of lien. Check all that apply.				
☐ Debtor 1 only ☐ Debtor 2 only		☐ An agreement you made (such as mo car loan)	ortgage or secur	red		
Debtor 1 and Debto	or 2 only	☐ Statutory lien (such as tax lien, mechanic's lien)				
At least one of the	debtors and another	☐ Judgment lien from a lawsuit				
☐ Check if this claim community debt	n relates to a	Other (including a right to offset)				
Date debt was incurre	Opened 4/01/14 Last Active 6/29/15	Last 4 digits of account number	r <u>0953</u>			
2.2 Mastercare	НОА	Describe the property that secures the	e claim:	Unknown	\$154,000.00	Unknown
Creditor's Name		1040 Ontario Street, Unit 3K (Park, IL 60302 Cook County	Oak			
41 Chicago Oak Park, IL Number, Street, Ci		As of the date you file, the claim is: Ch apply. Contingent Unliquidated Disputed	eck all that			
Who owes the debt	? Check one.	Nature of lien. Check all that apply.				
☐ Debtor 1 only ☐ Debtor 2 only		☐ An agreement you made (such as mo car loan)	ortgage or secur	red		
Debtor 1 and Debto	or 2 only	Statutory lien (such as tax lien, mecha	anic's lien)			
At least one of the	debtors and another	☐ Judgment lien from a lawsuit				

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Debtor 1 NICOLE L First Name			Case number (if know)			
FIRST Name	Middle N	ame Last Name				
☐ Check if this claim re community debt	lates to a	Other (including a right to offset)				
Date debt was incurred	on purchase of condo	Last 4 digits of account number				
2.3 Seterus Inc		Describe the property that secures the claim:	\$178,930.00	\$154,000.00	\$24,930.00	
Creditor's Name		1040 Ontario Street, Unit 3K Oak Park, IL 60302 Cook County				
14523 Sw Milli Beaverton, OR	•	As of the date you file, the claim is: Check all that apply. Contingent				
Number, Street, City, S	State & Zip Code	☐ Unliquidated				
Who owes the debt?	check one.	☐ Disputed Nature of lien. Check all that apply.				
Debtor 1 only		An agreement you made (such as mortgage or sec car loan)	ured			
Debtor 2 only		<u> </u>				
☐ Debtor 1 and Debtor 2 ☐ At least one of the deb	•	☐ Statutory lien (such as tax lien, mechanic's lien) ☐ Judgment lien from a lawsuit				
Check if this claim re community debt		Other (including a right to offset) First Mortg	jage			
Date debt was incurred	Last Active 6/16/15	Last 4 digits of account number 6701				
2.4 Us Bank		Describe the property that secures the claim:	\$19,808.00	\$12,953.00	\$6,855.00	
Creditor's Name		2012 BUICK LACROSSE 31200 miles Location: 1040 Ontario Street, Unit 3K, Oak Park IL 60302				
Po Box 5227 Cincinnati, OH	I 45201	As of the date you file, the claim is: Check all that apply. Contingent				
Number, Street, City, S	State & Zip Code	☐ Unliquidated				
Who owes the debt?	check one	Disputed Nature of lien. Check all that apply.				
■ Debtor 1 only ■ Debtor 2 only	Alook ollo.	An agreement you made (such as mortgage or sec car loan)	ured			
Debtor 1 and Debtor 2	only	☐ Statutory lien (such as tax lien, mechanic's lien)				
At least one of the debtors and another		Statutory lien (such as tax lien, mechanic's lien) Judgment lien from a lawsuit				
☐ Check if this claim relates to a community debt		Other (including a right to offset)				
	Opened 7/01/13					
Date debt was incurred	Last Active 6/05/15	Last 4 digits of account number 9223				
Add the dollar value of	Vour entries in Co	olumn A on this page. Write that number here:	\$216,025.	00		
If this is the last page of	of your form, add t	the dollar value totals from all pages.	\$216,025.			
Write that number here	٠.		Ψ=:0,020.			

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

Official Form 106D

Additional Page of Schedule D: Creditors Who Have Claims Secured by Property

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Debtor '	NICOLE L. KINK	KIN		Case number (if know)
	First Name	Middle Name	Last Name	
	ame Address NONE-			On which line in Part 1 did you enter the creditor? Last 4 digits of account number

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Fill in this info	rmation to identify your case:						
Debtor 1	NICOLE L. KINKIN						
	First Name	Middle Name Last Name					
Debtor 2	First Name	Middle Name					
(Spouse if, filing)	First Name	Middle Name Last Name					
United States B	Bankruptcy Court for the: NOR	THERN DISTRICT OF ILLINOIS					
Case number							
(if known)				☐ Check if this is an			
				amended filing			
00000	4005/5						
Official For							
Schedule	E/F: Creditors Who I	Have Unsecured Claims		12/15			
Schedule G: Exec D: Creditors Who	cutory Contracts and Unexpired Lea Have Claims Secured by Property. Page to this page. If you have no in	ald result in a claim. Also list executory courses (Official Form 106G). Do not include a lif more space is needed, copy the Part you formation to report in a Part, do not file the	any creditors with partially secur u need, fill it out, number the en	red claims that are listed in Schedule tries in the boxes on the left. Attach			
Part 1: List	All of Your PRIORITY Unsecur	ed Claims					
1. Do any credi	tors have priority unsecured claims	s against you?					
■ No. Go to	Part 2.						
☐ Yes.							
Part 2: List	All of Your NONPRIORITY Uns	ecured Claims					
3. Do any credi	tors have nonpriority unsecured cla	aims against you?					
☐ No. You h	ave nothing to report in this part. Sub	mit this form to the court with your other sche	edules.				
Yes.							
claim, list the	creditor separately for each claim. Fo	the alphabetical order of the creditor who r each claim listed, identify what type of clain ors in Part 3.If you have more than three nor	n it is. Do not list claims already inc	cluded in Part 1. If more than one			
4.1 AES/s	lma Tst	Last 4 digits of account number	0003	\$3,563.00			
Nonprior	rity Creditor's Name						
Aes/D	****	When we should be in some 10	Opened 8/01/06 Last	Active			
	x 8183 burg, PA 17105	When was the debt incurred?	6/29/15				
	Street City State Zlp Code	As of the date you file, the claim	is: Check all that apply				
Who inc	curred the debt? Check one.	☐ Contingent					
■ Debte	or 1 only	☐ Unliquidated					
☐ Debtor 2 only ☐ Disputed							
☐ Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim:							
☐ At least one of the debtors and another ■ Student loans							
	ck if this claim is for a community of a community of aim subject to offset?		aration agreement or divorce that y	ou did not			
■ No	•	Debts to pension or profit-sharing	ng plans, and other similar debts				
□ Yes		☐ Other. Specify					
□ res		Education	al				
		Luucation	м.				

Best Case Bankruptcy

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Debtor	1 NICOLE L. KINKIN	Case number (if know)						
4.2	AES/sIma Tst Nonpriority Creditor's Name	Last 4 digits of account number	0004	\$3,469.00				
	Aes/Ddb Po Box 8183 Harrisburg, PA 17105	When was the debt incurred?	Opened 8/01/06 Last Active 6/29/15					
	Number Street City State Zlp Code	As of the date you file, the claim i	s: Check all that apply					
	Who incurred the debt? Check one.	☐ Contingent						
	Debtor 1 only	☐ Unliquidated						
	Debtor 2 only	☐ Disputed						
	Debtor 1 and Debtor 2 only	Type of NONPRIORITY unsecured	d claim:					
	☐ At least one of the debtors and another	Student loans						
	☐ Check if this claim is for a community debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not					
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts					
	Yes	Other. Specify						
		Educationa	al					
4.3	AES/sIma Tst Nonpriority Creditor's Name	Last 4 digits of account number	0001	\$2,988.00				
	Aes/Ddb Po Box 8183 Harrisburg, PA 17105	When was the debt incurred?	Opened 1/01/06 Last Active 6/29/15					
	Number Street City State Zlp Code	As of the date you file, the claim i	s: Check all that apply					
	Who incurred the debt? Check one.	☐ Contingent						
	■ Debtor 1 only	☐ Unliquidated						
	Debtor 2 only	☐ Disputed						
	☐ Debtor 1 and Debtor 2 only	Type of NONPRIORITY unsecured	Type of NONPRIORITY unsecured claim:					
	☐ At least one of the debtors and another	Student loans						
	☐ Check if this claim is for a community debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims						
	■ No	Debts to pension or profit-sharing						
	Yes	Other. Specify						
		Educationa						
4.4	AES/sIma Tst Nonpriority Creditor's Name	Last 4 digits of account number	0002	\$3,028.00				
	Aes/Ddb Po Box 8183	When was the debt incurred?	Opened 1/01/06 Last Active 6/29/15					
	Harrisburg, PA 17105 Number Street City State Zlp Code	As of the date you file, the claim i	s: Check all that apply					
	Who incurred the debt? Check one.	☐ Contingent						
	■ Debtor 1 only	☐ Unliquidated						
	☐ Debtor 2 only	☐ Disputed						
	☐ Debtor 1 and Debtor 2 only	Type of NONPRIORITY unsecured						
	\square At least one of the debtors and another	Student loans						
	☐ Check if this claim is for a community debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not					
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts					
	☐ Yes	Other. Specify						
		Educationa						

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Debtor	1 NICOLE L. KINKIN		Case number (if know)						
4.5	American Express	Last 4 digits of account number		\$2,503.00					
	Nonpriority Creditor's Name Po Box 3001 16 General Warren Blvd Malvern, PA 19355	When was the debt incurred?	Opened 10/02/06 Last Active 6/23/15						
	Number Street City State Zlp Code	As of the date you file, the claim	As of the date you file, the claim is: Check all that apply						
	Who incurred the debt? Check one.	☐ Contingent							
	Debtor 1 only	☐ Unliquidated							
	Debtor 2 only	Disputed							
	Debtor 1 and Debtor 2 only	Type of NONPRIORITY unsecure	d claim:						
	At least one of the debtors and another	☐ Student loans							
	☐ Check if this claim is for a community debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not						
	■ No	Debts to pension or profit-sharing	ng plans, and other similar debts						
	☐Yes	Other. Specify Credit Car interest	d purchases plus accrued						
4.6	Cap1/bstby Nonpriority Creditor's Name	Last 4 digits of account number	5504	\$636.00					
	PO BOX 30253 Salt Lake City, UT 84130	When was the debt incurred?	Opened 5/01/13 Last Active 7/26/15						
	Number Street City State Zlp Code	As of the date you file, the claim	is: Check all that apply						
	Who incurred the debt? Check one.	☐ Contingent							
	Debtor 1 only	☐ Unliquidated							
	Debtor 2 only	☐ Disputed							
	☐ Debtor 1 and Debtor 2 only	Type of NONPRIORITY unsecure	d claim:						
	☐ At least one of the debtors and another	☐ Student loans							
	☐ Check if this claim is for a community debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not						
	■ No	Debts to pension or profit-sharing	ng plans, and other similar debts						
	☐Yes	Other. Specify Charge Accpus accru	count, credit card purchases led interest						
4.7	Discover Fin Svcs Llc	Last 4 digits of account number	5398	\$15,140.00					
	Po Box 15316 Wilmington, DE 19850	When was the debt incurred?	Opened 10/01/00 Last Active 11/05/14						
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply						
	■ Debtor 1 only	☐ Contingent							
	Debtor 2 only	☐ Unliquidated							
	Debtor 2 only Debtor 1 and Debtor 2 only	☐ Disputed							
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:						
	☐ Check if this claim is for a community debt	Student loans	puntion area area at an aliver the transition of						
	Is the claim subject to offset?	report as priority claims	aration agreement or divorce that you did not						
	■ No	Debts to pension or profit-sharing	ng plans, and other similar debts						
	☐ Yes	Credit Car Other Specify interest	d purchases plus accrued						

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Debto	r 1 NICOLE L. KINKIN		Case number (if know)	
4.8	GECRB/Walmart	Last 4 digits of account number	7511	\$250.00
	Nonpriority Creditor's Name Attn: Bankruptcy Po Box 103104 Roswell, GA 30076	When was the debt incurred?	Opened 2/01/14 Last Active 7/05/15	
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply	
	■ Debtor 1 only □ Debtor 2 only	☐ Contingent☐ Unliquidated☐		
	☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another	☐ Disputed Type of NONPRIORITY unsecured ☐ Student loans	d claim:	
	☐ Check if this claim is for a community debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	☐ Yes	Other. Specify Credit Card interest	d purchases plus accrued	
4.9	Loyola Univ Cr Un Nonpriority Creditor's Name	Last 4 digits of account number	0002	\$7,364.14
	2160 S First Ave Maywood, IL 60153	When was the debt incurred?	Opened 11/01/11 Last Active 1/06/15	
	Number Street City State Zlp Code	As of the date you file, the claim i	s: Check all that apply	
	Who incurred the debt? Check one.	☐ Contingent		
	Debtor 1 only	☐ Unliquidated		
	Debtor 2 only	☐ Disputed		
	Debtor 1 and Debtor 2 only	Type of NONPRIORITY unsecured	d claim:	
	At least one of the debtors and another	☐ Student loans		
	☐ Check if this claim is for a community debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	Yes	■ Other. Specify Unsecured	personal loan	
4.10	Loyola University Medical Center Nonpriority Creditor's Name	Last 4 digits of account number	4116	\$2,099.65
	Post Office 3266 Milwaukee, WI 53201-3266	When was the debt incurred?	2013	
	Number Street City State ZIp Code	As of the date you file, the claim i	s: Check all that apply	
	Who incurred the debt? Check one.	☐ Contingent		
	Debtor 1 only	☐ Unliquidated		
	Debtor 2 only	☐ Disputed		
	Debtor 1 and Debtor 2 only	Type of NONPRIORITY unsecured	d claim:	
	☐ At least one of the debtors and another	☐ Student loans		
	☐ Check if this claim is for a community debt Is the claim subject to offset?	report as priority claims	ration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	Yes	Other. Specify Medical Bi	lls	

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Debto	or 1 NICOLE L. KINKIN		Case number (if know)						
4.11	Loyola University Medical Center Nonpriority Creditor's Name PO BOX 3021 Milwaukee, WI 53201-3021 Number Street City State Zlp Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset?	Last 4 digits of account number When was the debt incurred? As of the date you file, the claim Contingent Unliquidated Disputed Type of NONPRIORITY unsecure Student loans Obligations arising out of a sep report as priority claims		\$3,174.90					
	No	Debts to pension or profit-shari	ng plans, and other similar debts						
	☐ Yes	·	ills (Noah Cordoba a/k/a Noah						
4.12	PRIME SPECIALTY PHARMACY	Last 4 digits of account number	6778	\$716.13					
2	Nonpriority Creditor's Name 2354 COMMERCE PARK DR STE 100	When was the debt incurred?	2/18/15	Ψ710.10					
	Orlando, FL 32819 Number Street City State Zlp Code	As of the date you file, the claim	is: Check all that apply						
	Who incurred the debt? Check one.		is. Offect all trial apply						
	■ Debtor 1 only	☐ Contingent ☐ Unliquidated							
	Debtor 2 only								
	Debtor 1 and Debtor 2 only	☐ Disputed	•						
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure							
	☐ Check if this claim is for a community debt	Student loans							
	Is the claim subject to offset?	report as priority claims	aration agreement or divorce that you did not						
	■ No	☐ Debts to pension or profit-shari							
	□Yes	■ Other. Specify MEDICAL KINKIN a/I							
4.13	Syncb/tjx Cos Dc	Last 4 digits of account number	9380	\$3,982.27					
	Nonpriority Creditor's Name 4125 Windward Plaza Alpharetta, GA 30005	When was the debt incurred?	Opened 4/01/13 Last Active 7/19/15						
	Number Street City State Zlp Code	As of the date you file, the claim	is: Check all that apply						
	Who incurred the debt? Check one.	☐ Contingent							
	■ Debtor 1 only	☐ Unliquidated							
	Debtor 2 only								
	☐ Debtor 1 and Debtor 2 only	☐ Disputed Type of NONPRIORITY unsecure							
	\square At least one of the debtors and another	☐ Student loans							
	☐ Check if this claim is for a community debt Is the claim subject to offset?	☐ Obligations arising out of a sep report as priority claims							
	■ No	Debts to pension or profit-shari	ng plans, and other similar debts						
	☐Yes	Credit Car Other. Specify interest	d purchases plus accrued						

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Debtor 1 NICOLE L. KINKIN	Case number (if know)				
4.14 Td Bank Usa/targetcred Nonpriority Creditor's Name	Last 4 digits of account number 5375 \$4,99	7.32			
Po Box 673 Minneapolis, MN 55440	Opened 5/01/03 Last Active 7/06/15				
Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply				
Who incurred the debt? Check one.	☐ Contingent				
■ Debtor 1 only	☐ Unliquidated				
Debtor 2 only	□ Disputed				
Debtor 1 and Debtor 2 only	Type of NONPRIORITY unsecured claim:				
At least one of the debtors and anoth	ner Student loans				
☐ Check if this claim is for a commu Is the claim subject to offset?	unity debt				
■ No	☐ Debts to pension or profit-sharing plans, and other similar debts				
	_ Credit Card purchases plus accrued				
Yes	Other. Specify interest				
Part 3: List Others to Be Notified Abo	out a Debt That You Already Listed				
5. Use this page only if you have others to be not trying to collect from you for a debt you owe more than one creditor for any of the debts to any debts in Parts 1 or 2, do not fill out or su	otified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agen to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you h hat you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notifiabrit this page.	ave			
Name and Address AES/sIma Tst	On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.1 of (<i>Check one</i>):				
Pob 61047	■ Part 2: Creditors with Nonpriority Unsecured Claims				
Harrisburg, PA 17106	Last 4 digits of account number				
Name and Address	On which entry in Part 1 or Part 2 did you list the original creditor?				
AES/slma Tst Pob 61047	Line 4.2 of (Check one):				
Harrisburg, PA 17106	■ Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number				
Name and Address	On which entry in Part 1 or Part 2 did you list the original creditor?				
AES/sIma Tst	Line 4.3 of (Check one):				
Pob 61047 Harrisburg, PA 17106	■ Part 2: Creditors with Nonpriority Unsecured Claims				
namsburg, FA 17100	Last 4 digits of account number				
Name and Address AES/sima Tst	On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.4 of (Check one):				
Pob 61047 Harrisburg, PA 17106	■ Part 2: Creditors with Nonpriority Unsecured Claims				
manisburg, FA 17 100	Last 4 digits of account number				
Name and Address	On which entry in Part 1 or Part 2 did you list the original creditor?				
American Express	Line 4.5 of (Check one):				
P.o. Box 981537	■ Part 2: Creditors with Nonpriority Unsecured Claims				
El Paso, TX 79998	Last 4 digits of account number				
Name and Address	On which entry in Part 1 or Part 2 did you list the original creditor?				
GECRB/Walmart	Line 4.8 of (Check one):				
Po Box 965024	■ Part 2: Creditors with Nonpriority Unsecured Claims				
Orlando, FL 32896	Last 4 digits of account number				
Name and Address Loyola University Medical Center	On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.11 of (Check one):				
PO BOX 3266 Milwaukee, WI 53201-3266	■ Part 2: Creditors with Nonpriority Unsecured Claims				
	Last 4 digits of account number 8407				
Name and Address	On which entry in Part 1 or Part 2 did you list the original creditor?				
LUMC Patient Payments	Line 4.10 of (Check one):				

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Debtor 1 NICOLE L. KINKIN		Case number (if know)				
PO BOX 3021 Milwaukee, WI 53201-3021		Part 2: Creditors with Nonpriority Unsecured Claims				
	Last 4 digits of account number	4116				
Name and Address	On which entry in Part 1 or Part 2 di					
Nationwide Credit & Collection	Line 4.10 of (<i>Check one</i>):	☐ Part 1: Creditors with Priority Unsecured Claims				
c/o Evergreen Bank Group PO BOX 3159 Hinsdale, IL 60522-3159		■ Part 2: Creditors with Nonpriority Unsecured Claims				
Timisdale, IL 00322-3133	Last 4 digits of account number	4116				
Name and Address	On which entry in Part 1 or Part 2 di	d you list the original creditor?				
Nationwide Credit & Collection	Line 4.11 of (Check one):	☐ Part 1: Creditors with Priority Unsecured Claims				
PO BOX 3159		■ Part 2: Creditors with Nonpriority Unsecured Claims				
Oak Brook, IL 60522-3159	Last 4 digits of account number	8407				
Name and Address	On which entry in Part 1 or Part 2 did you list the original creditor?					
Nationwide Credit & Collection, Inc	Line 4.11 of (Check one):	☐ Part 1: Creditors with Priority Unsecured Claims				
c/o Evergreen Bank Group PO BOX 3219		■ Part 2: Creditors with Nonpriority Unsecured Claims				
Hinsdale, IL 60522-3219						
ŕ	Last 4 digits of account number	8407				
Name and Address	On which entry in Part 1 or Part 2 di	d you list the original creditor?				
NPAS, Inc.	Line 4.10 of (Check one):	☐ Part 1: Creditors with Priority Unsecured Claims				
PO BOX 99400 Louisville, KY 40269		■ Part 2: Creditors with Nonpriority Unsecured Claims				
Louisville, KT 40203	Last 4 digits of account number	4116				
Name and Address	On which entry in Part 1 or Part 2 di	d you list the original creditor?				
Transworld Systems	Line 4.9 of (Check one):	☐ Part 1: Creditors with Priority Unsecured Claims				
507 Prudential Road		■ Part 2: Creditors with Nonpriority Unsecured Claims				
Horsham, PA 19044	Last 4 digits of account number					

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

				Total claim	
	6a.	Domestic support obligations	6a.	\$	0.00
Total claims from Part 1	6b.	Taxes and certain other debts you owe the government	6b.	\$	0.00
	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$	0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$	0.00
	6e.	Total. Add lines 6a through 6d.	6e.	\$	0.00
	6f.	Student loans	C4	Total Claim	10.010.00
Total claims	о.	Student loans	6f.	\$	13,048.00
from Part 2	6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$	0.00
	6h.	Debts to pension or profit-sharing plans, and other similar debts	6h.	\$	0.00
	6i.	Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$	40,863.41
	6j.	Total. Add lines 6f through 6i.	6j.	\$	53,911.41

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Fill in this information to identify your case:						
Debtor 1	NICOLE L. KINKIN	N				
	First Name	Middle Name	Last Name			
Debtor 2						
(Spouse if, filing)	First Name	Middle Name	Last Name	_		
United States Bankruptcy Court for the:		NORTHERN DISTRICT	FOF ILLINOIS			
Case number (if known)					☐ Check if this is an amended filing	

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

	Person or	company with	whom you have the , Street, City, State and ZIP	e contract or lease	State what the contract or lease is for
2.1					
	Name				
	Number	Street			_
	City		State	ZIP Code	
2.2					_
	Name				
	Number	Street			_
	City		State	ZIP Code	_
2.3					
	Name				
	Number	Street			_
	City		State	ZIP Code	_
2.4	<u> </u>		- Clair		
	Name				
	Number	Street			_
	City		State	ZIP Code	_
2.5	Oity		Olale	Zii Oode	
	Name				_
	Number	Street			_
	City		State	ZIP Code	_
	Oity		Olaic	Zii Oode	

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Fill in th	is information to identify your	case:		
Debtor 1	NICOLE L. KINKII First Name	Middle Name	Last Name	
Debtor 2		Middle Name	Last Name	
(Spouse if,		Middle Name	Last Name	
United S	States Bankruptcy Court for the:	NORTHERN DISTRIC	T OF ILLINOIS	
Case nu	mber			
(if known)				☐ Check if this is an amended filing
Offici	al Form 106H			
_	dule H: Your Cod	ehtors		12/15
OCITE	dule II. Tour ood	<u>CDLOI 3</u>		12/13
people a fill it out your nan	re filing together, both are equ	ally responsible for sup boxes on the left. Atta Answer every question	pplying correct informati ch the Additional Page to n.	s complete and accurate as possible. If two married ion. If more space is needed, copy the Additional Page, o this page. On the top of any Additional Pages, write as a codebtor.
	lo			
■ Y	es			
Ariz	Vithin the last 8 years, have you ona, California, Idaho, Louisiana, lo. Go to line 3.	Nevada, New Mexico, P	uerto Rico, Texas, Washir	y? (Community property states and territories include ington, and Wisconsin.)
in li Fori	ne 2 again as a codebtor only i	f that person is a guara	antor or cosigner. Make s	if your spouse is filing with you. List the person shown sure you have listed the creditor on Schedule D (Officia 16G). Use Schedule D, Schedule E/F, or Schedule G to
	Column 1: Your codebtor Name, Number, Street, City, State and ZI	P Code		Column 2: The creditor to whom you owe the debt Check all schedules that apply:
3.1	Aaron Cordoba 1040 Ontario Unit 3K Oak Park, IL 60302			■ Schedule D, line □ Schedule E/F, line □ Schedule G Seterus Inc
3.2	Aaron Cordoba 1040 Ontario Unit 3K Oak Park, IL 60302			■ Schedule D, line □ Schedule E/F, line □ Schedule G Ally Financial
3.3	Aaron Cordoba 1040 Ontario Unit 3K Oak Park, IL 60302			■ Schedule D, line □ Schedule E/F, line □ Schedule G Mastercare HOA

Fill	in this information	to identify your c	ase.							
	btor 1	NICOLE L. K								
1 -	btor 2 buse, if filing)									
Uni	ited States Bankrup	ptcy Court for the	: NORTHERN DISTRIC	CT OF ILL	INOIS					
(If kr	se number	1001		-				nt showing	g postpetition cl ollowing date:	hapter
	fficial Form					1	MM / DD/ Y	YYY		
	chedule I:						L1 0\ L-	41		12/15
sup spo atta	plying correct info use. If you are se ch a separate she	ormation. If you parated and you	sible. If two married pec are married and not fili r spouse is not filing w On the top of any additi	ng jointly ith you, o	/, and your spouse is li lo not include informat	ving wit ion abo	h you, incl ut your spo	ude infori ouse. If m	mation about y ore space is ne	our eeded,
1.	Fill in your emp information.	loyment		Debtor	· 1		Debtor 2	or non-fil	ling spouse	
	If you have more		Employment status*	■ Emp	■ Employed		■ Emplo	yed		
		tach a separate page with formation about additional	Employment status	☐ Not employed			☐ Not employed			
	employers.		Occupation	pation Teacher		X-ray technician				
	Include part-time self-employed wo	e, seasonal, or ork.	Employer's name	AF Ames Elementary School			St. Anthony Hospital			
	Occupation may or homemaker, if		Employer's address		uthcote Rd. side, IL 60546			19th Str 5, IL 6062		
			How long employed the	here?	6 years *See Attachment for	Additio		years ment Info	ormation	_
Par	rt 2: Give De	etails About Mor	nthly Income							
Esti spou	imate monthly incuse unless you are	ome as of the d	ate you file this form. If	you have	nothing to report for any	line, wri	te \$0 in the	space. In	clude your non-	filing
	ou or your non-filing e space, attach a s		ore than one employer, co	ombine th	e information for all emp	loyers fo	or that perso	on on the li	ines below. If yo	ou need
						For De	ebtor 1		otor 2 or ng spouse	
2.			ry, and commissions (b calculate what the month			3	3,047.87	\$	3,264.06	

Official Form 106I Schedule I: Your Income page 1

3.

0.00

3,047.87

+\$

162.98

3,427.04

Estimate and list monthly overtime pay.

Calculate gross Income. Add line 2 + line 3.

3.

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Deb	tor 1	NICOLE L. KINKIN			С	Case number (if known)				
	Con	y line 4 here		4.		For Debtor 1 \$ 3,047.87	ne	or Debtor on-filing s		
5.	·	all payroll deductions:				*	_ *		,	<u>-</u>
5.	5a. 5b. 5c. 5d. 5e. 5f. 5g. 5h.	Tax, Medicare, and Social Secur Mandatory contributions for retively voluntary contributions for retirely Required repayments of retirem Insurance Domestic support obligations Union dues Other deductions. Specify: RE	rement plans ement plans ent fund loans	5a 5b 5c 5c 5f 5g 5h). ;; d. e.	\$ 388.74 \$ 319.11 \$ 0.00 \$ 0.00 \$ 218.68 \$ 0.00 \$ 118.58 \$ 4.33	\$ \$ \$ \$ \$ \$		0.00 319.91 0.00 229.82 0.00 0.00	
6.	Add	the payroll deductions. Add lines	5a+5b+5c+5d+5e+5f+5g+5h.	6.	;	\$ 1,049.44	\$	1	237.02	
7.	Cald	culate total monthly take-home pay	J. Subtract line 6 from line 4.	7.	;	\$1,998.43	\$	2	190.02	2_
8.	8a. 8b. 8c. 8d. 8e. 8f.	Attach a statement for each proper receipts, ordinary and necessary is monthly net income. Interest and dividends Family support payments that yeregularly receive Include alimony, spousal support, settlement, and property settlement. Unemployment compensation Social Security Other government assistance the Include cash assistance and the verthat you receive, such as food stan Nutrition Assistance Program) or the Specify: Pension or retirement income Other monthly income. Specify:	rand from operating a business, rty and business showing gross pusiness expenses, and the total ou, a non-filing spouse, or a dependency child support, maintenance, divorce nt. The state you regularly receive alue (if known) of any non-cash assistant mps (benefits under the Supplemental nousing subsidies. Gottlieb Memorial Hospital - net regular time per month	86 86 86 96 97 86 86 86 86		\$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00	- \$ - \$ - \$ - \$ - \$		0.00 0.00 0.00 0.00 0.00 405.79	
9.	Add	all other income. Add lines 8a+8b	+8c+8d+8e+8f+8g+8h.	9.	\$	0.00	\$		405.7	'9
10.		culate monthly income. Add line 7 the entries in line 10 for Debtor 1 and		10.	\$	1,998.43 +	52	2,595.81	= \$	4,594.24
	Incluothe Do r Spe	ude contributions from an unmarried or friends or relatives. not include any amounts already inclicify:	the expenses that you list in Schedule partner, members of your household, you uded in lines 2-10 or amounts that are not line 10 to the amount in line 11. The	our dep	lable	e to pay expenses I	isted i	n <i>Schedu</i> 11.	/e J. +\$	0.00
12.		e that amount on the Summary of So	chedules and Statistical Summary of Ce						\$	4,594.24
13.	Do y	you expect an increase or decreas No. Yes Explain:	e within the year after you file this for	rm?					Combi	ined Iy income

Debtor 1	NICOLE L. KINKIN	Case number (if known)
----------	------------------	------------------------

Official Form B 6I Attachment for Additional Employment Information

Spouse	
Occupation	X-Ray Technician
Name of Employer	Loyola Gottlieb Hospital
How long employed	2 years
Address of Employer	701 W North Ave
	Melrose Park, IL 60160

Official Form 106I Schedule I: Your Income page 3

Fill in this i	nformation to identify y	our case:								
Debtor 1 NICOLE L. KINKIN					Check if this is:					
Debtor 2					☐ An amended filing ☐ A supplement showing postpetition chapter					
(Spouse, if fi	iling)				Ц			the following date:		
United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS						MM / DD / YYYY				
Case number	er									
(If known)										
Officia	al Form 106J									
	dule J: Your	Expen	ses					12/15		
Be as com	plete and accurate a	s possible. eeded, atta	If two married people and the control of the contro							
Part 1:	Describe Your Houses a joint case?	ehold								
■ No	o. Go to line 2. es. Does Debtor 2 live	in a separa	ate household?							
	□ No	•	al Form 106J-2, <i>Expense</i> s	s for Separate House	ehold of D	Debto	or 2.			
2. Do yo	ou have dependents?	□ No	,	·						
Do no	ot list Debtor 1 Debtor 2.	Yes.	Fill out this information for each dependent	Dependent's relation			Dependent's age	Does dependent live with you?		
Do no	ot state the							□ No		
deper	ndents names.			son			1.5	Yes		
								□ No		
								☐ Yes ☐ No		
								☐ Yes		
								□ No		
								☐ Yes		
expe	our expenses include nses of people other t self and your depende	than _	No Yes							
	Estimate Your Ongo									
	as of a date after the		uptcy filing date unless y y is filed. If this is a supp					apter 13 case to report of the form and fill in the		
the value	of such assistance ar		government assistance i				Your expe	oneae		
(Official F	orm rooi.)						Tour expe			
	ental or home owners ents and any rent for th		ses for your residence. I r lot.	nclude first mortgage	e 4.	\$		985.00		
If not	included in line 4:									
4a.	Real estate taxes				4a.	\$		0.00		
4b.	Property, homeowner				4b.	- 1 -		20.00		
4c.	Home maintenance, r				4c.	\$		0.00		
4d. 5. Addit	Homeowner's associa ional mortgage paym		dominium dues o ur residence , such as ho	me equity loans	4d. 5.	\$ \$		300.00 0.00		

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Debtor 1 NICOLE	L. KINKIN	Case num	ber (if known)	
6. Utilities:				
6a. Electricity	heat, natural gas	6a.	\$	100.00
6b. Water, se	ver, garbage collection	6b.	\$	0.00
6c. Telephone	e, cell phone, Internet, satellite, and cable services	6c.	\$	350.00
6d. Other. Sp	•	6d.	\$	0.00
	ekeeping supplies	7.	·	500.00
	hildren's education costs	8.	\$	500.00
	ry, and dry cleaning	9.	·	100.00
<u>-</u>	roducts and services	10.		400.00
1. Medical and de		11.	·	
	•	11.	Ψ	350.00
Do not include c	Include gas, maintenance, bus or train fare.	12.	\$	450.00
	clubs, recreation, newspapers, magazines, and books		\$	100.00
	ributions and religious donations	14.	·	0.00
	indutions and religious donations	14.	Ψ	0.00
5. Insurance.	surance deducted from your pay or included in lines 4 or	20		
15a. Life insura		20. 15a.	¢	0.00
15b. Health ins		15a. 15b.	·	
			·	0.00
15c. Vehicle in		15c.	·	130.00
15d. Other insu	· · · · · · · · · · · · · · · · · · ·	15d.	>	0.00
Specify:	clude taxes deducted from your pay or included in lines 4	or 20. 16.	\$	0.00
7. Installment or I				
	ents for Vehicle 1	17a.		350.00
17b. Car paym	ents for Vehicle 2	17b.	\$	330.00
17c. Other. Sp	ecify: Educational loan payments Nicole	17c.	\$	200.00
	ecify: Educational loans Aaron	17d.	\$	100.00
3. Your payments	of alimony, maintenance, and support that you did no		\$	0.00
	your pay on line 5, Schedule I, Your Income (Official F	01111 1001 <i>j</i> .		
	you make to support others who do not live with you		\$	275.00
	BAND'S CHILD non-debtor	19.		
	erty expenses not included in lines 4 or 5 of this form			
	s on other property	20a.	· -	0.00
20b. Real estat	e taxes	20b.		0.00
20c. Property,	nomeowner's, or renter's insurance	20c.	\$	0.00
20d. Maintenar	ce, repair, and upkeep expenses	20d.	\$	0.00
20e. Homeown	er's association or condominium dues	20e.	\$	0.00
1. Other: Specify:	UNIFORMS FOR WORK Husband non-debt	or 21.	+\$	40.00
	es wife's employment		+\$	50.00
ochool suppli	es whe semployment			
2. Calculate your	monthly expenses		1	
22a. Add lines 4			\$	5,630.00
22b. Copy line 2	2 (monthly expenses for Debtor 2), if any, from Official Fo	rm 106J-2	\$	
	a and 22b. The result is your monthly expenses.		\$	5,630.00
220. Add 1110 22	a and 225. The result to your monthly expenses.		"	3,030.00
3. Calculate your	monthly net income.			
23a. Copy line	12 (your combined monthly income) from Schedule I.	23a.	\$	4,594.24
	monthly expenses from line 22c above.	23b.		5,630.00
	, . ₁	_00.		
	our monthly expenses from your monthly income.	23c.	\$	-1,035.76
rne result	is your <i>monthly net income</i> . In increase or decrease in your expenses within the y	ear after you file this	s form?	·
	u expect to finish paying for your car loan within the year or do you	expect your mortgage pa	ayment to increase	or decrease because of a
For example, do yo		expect your mortgage pa	ayment to increase	or decrease because of a

Debtor 1 NICOLE L. KINKIN	
First Name Middle Name Last Name	
Debtor 2	
(Spouse if, filing) First Name Middle Name Last Name	
United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS	
Case number	
	Check if this is an
	mended filing
Official Form 106Dec Declaration About an Individual Debtor's Schedules	12/15
If two married people are filing together, both are equally responsible for supplying correct information.	
Various file this form when are you file horizontary askedules an amounted askedules. Making a false statement	!:
You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concobtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or impris	
years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.	somment for up to 20
Sign Below	
Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?	
Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms? No	
■ No	ion Preparer's Notice.
■ No	
 ■ No □ Yes. Name of person Attach Bankruptcy Petit 	
■ No Yes. Name of person Attach Bankruptcy Petiting Declaration, and Signation	
 ■ No □ Yes. Name of person Attach Bankruptcy Petit 	
■ No Yes. Name of person Attach Bankruptcy Petitic Declaration, and Signate Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct. X /s/ NICOLE L. KINKIN	
■ No Yes. Name of person Attach Bankruptcy Petitic Declaration, and Signate Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct. X /s/ NICOLE L. KINKIN NICOLE L. KINKIN Signature of Debtor 2	
■ No Yes. Name of person Attach Bankruptcy Petitic Declaration, and Signate Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct. X /s/ NICOLE L. KINKIN	

Fil	l in this	information to identify you	r case:							
	btor 1	NICOLE L. KINK								
		First Name	Middle	Name	Last Name					
	btor 2 ouse if, filin	g) First Name	Middle	Name	Last Name					
Un	ited Stat	es Bankruptcy Court for the:	NORTHER	N DISTRICT OF	LLINOIS					
Ca	se numb	er								
(if known)								neck if this is an mended filing		
		Form 107								
St	atem	ent of Financial	Affairs fo	or Individu	uals Filing for	Bankruptcy		12/1		
info	rmation	elete and accurate as poss If more space is needed Rnown). Answer every que	, attach a sepa							
		Give Details About Your Ma		nd Where You I	_ived Before					
1.	What is	s your current marital statu	ıs?							
	_	arried								
	□ No	ot married								
2.	During	the last 3 years, have you	lived anywhe	re other than w	here you live now?					
	■ No)								
	□ Y€	es. List all of the places you	at all of the places you lived in the last 3 years. Do not include where you live now.							
Debtor 1 Prior Address:				ates Debtor 1 ved there	Debtor 2 Prior	ebtor 2 Prior Address:		Dates Debtor 2 lived there		
3. stat		the last 8 years, did you e erritories include Arizona, Ca								
	■ No)								
	☐ Ye	es. Make sure you fill out Sc	hedule H: You	r Codebtors (Offi	cial Form 106H).					
Pa	rt 2	Explain the Sources of You	ır Income							
4.	Fill in th	u have any income from er ne total amount of income youre filing a joint case and you	ou received from	m all jobs and all	l businesses, including	part-time activities.	vious caler	ndar years?		
	□ No	os. Fill in the details.								
			Debtor 1			Debtor 2				
			Sources of i		Gross income (before deductions an exclusions)	Sources of incom		Gross income (before deductions and exclusions)		
From January 1 of current year until the date you filed for bankruptcy:			■ Wages, co		\$2,312.8	33 ☐ Wages, comm bonuses, tips	nissions,			
			☐ Operating			Operating a bu	usiness			

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De	btor 1	NIC	COLE L. K	INKIN					Case no	umber (if known)			
					Debtor 1				г	Debtor 2			
					Sources of Check all that			income e deductions and ions)	5	Sources of inco		Gross income (before deductions and exclusions)	
For	r last o	calen	dar year: December	31, 2015)	■ Wages, of bonuses, tip	commissions,		\$40,116.0		☐ Wages, commonuses, tips	missions,		
					☐ Operating	g a business			[☐ Operating a b	ousiness		
			lar year be December		■ Wages, of bonuses, tip	commissions,		\$23,640.0		☐ Wages, commonuses, tips	missions,		_
					☐ Operating	g a business			[☐ Operating a b	ousiness		
			lar year: December	31, 2013)	■ Wages, o	commissions,		\$41,955.0		☐ Wages, commonuses, tips	missions,		
					☐ Operating	g a business				Operating a b	ousiness		
		No Yes.	Fill in the de	etails.	Debtor 1 Sources of Describe bel			income e deductions and	5	Debtor 2 Sources of inco	ome	Gross income (before deductions	
							exclus					and exclusions)	
Pa	rt 3:	List	Certain Pa	yments You	Made Before	You Filed for E	Bankrup	tcy					_
6.	_	either No.	Neither De	ebtor 1 nor D	Debtor 2 has p	arily consumer orimarily consu nily, or househol	mer deb		<i>lebt</i> s a	re defined in 11	U.S.C. § 10	1(8) as "incurred by ar	า
			During the No.	90 days before 7	•	r bankruptcy, did	d you pay	any creditor a	total of	\$6,225* or mor	e?		
			□ Yes	List below e paid that cr not include	each creditor to editor. Do not payments to a		ts for dor nis bankr	mestic support ouptcy case.	obligati	ons, such as ch	ild support a	he total amount you alimony. Also, do	
		Yes.				orimarily consu or bankruptcy, did			total of	\$600 or more?			
			□ No.	Go to line 7	7.								
			■ Yes	include pay		nestic support ob						t creditor. Do not include payments to	
	Cre	ditor's	s Name and	d Address	D	Dates of paymer	nt	Total amount		Amount you still owe	Was this p	ayment for	

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Debtor 1 NICOLE L. KINKIN Case number (if known)

Creditor's Name	e and Address	Dates of payment	Total amount paid	Amount you still owe	Was this payment for		
Seterus		NOV 2015, DEC 2015, JAN 2016	\$2,955.00	Unknown	■ Mortgage □ Car □ Credit Card □ Loan Repayment □ Suppliers or vendors □ Other		
Mastercare 1040 Ontario (Condo Assoc.	NOV 2015, DEC 2015, JAN 2016	\$900.00	Unknown	☐ Mortgage ☐ Car ☐ Credit Card ☐ Loan Repayment ☐ Suppliers or vendors ☐ Other Condo Assessments		
Us Bank Po Box 5227 Cincinnati, Oh	l 45201	3 payments @\$313	\$939.00	\$19,808.00	 ☐ Mortgage ☐ Car ☐ Credit Card ☐ Loan Repayment ☐ Suppliers or vendors ☐ Other 		
Ally Financial P O Box 3809 Bloomington,	01	3 payments \$350	\$1,050.00	\$17,287.00	 ☐ Mortgage ☐ Car ☐ Credit Card ☐ Loan Repayment ☐ Suppliers or vendors ☐ Other 		
Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider? Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.							
☐ Yes. List all Insider's Name	payments to an insider and Address	Dates of payment	Total amount	Amount you	Reason for this payment		
insider? Include payments No	fore you filed for bankrupt on debts guaranteed or cos payments to an insider		paid yments or transfer a	still owe	ccount of a debt that benefited an		
Insider's Name	and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment Include creditor's name		
			puid	Juli Olio			

7.

8.

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Deb	otor 1 NICOLE L. KINKIN		Case number	(if known)					
Par	rt 4: Identify Legal Actions, Repossession	ons, and Foreclosures							
9.	Within 1 year before you filed for bankrup List all such matters, including personal inju modifications, and contract disputes.								
	■ No								
	☐ Yes. Fill in the details.								
	Case title Case number	Nature of the case	Court or agency	Status of th	e case				
10.	Within 1 year before you filed for bankrup Check all that apply and fill in the details bel		rty repossessed, foreclosed	d, garnished, attached	d, seized, or levied?				
	■ No								
	☐ Yes. Fill in the information below.								
	Creditor Name and Address	Describe the Property		Date	Value of the property				
		Explain what happened							
11.	Within 90 days before you filed for bankr accounts or refuse to make a payment be ■ No □ Yes. Fill in the details.		uding a bank or financial in	stitution, set off any	amounts from your				
	Creditor Name and Address	Describe the action the	creditor took	Date action was	Amount				
			0.00.00	taken	7				
Par	court-appointed receiver, a custodian, or No Yes List Certain Gifts and Contributions								
				4 4000					
13.	Within 2 years before you filed for bankru No	uptcy, did you give any gifts	s with a total value of more	than \$600 per person	?				
	☐ Yes. Fill in the details for each gift.								
	Gifts with a total value of more than \$60 per person	O Describe the gifts		Dates you gave the gifts	Value				
	Person to Whom You Gave the Gift and Address:								
14.	Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity								
	■ No □ Yes. Fill in the details for each gift or contribution.								
	Gifts or contributions to charities that to more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code)	otal Describe what you	contributed	Dates you contributed	Value				
Par	rt 6: List Certain Losses								
15.	Within 1 year before you filed for bankrup disaster, or gambling?	otcy or since you filed for b	ankruptcy, did you lose any	thing because of the	t, fire, other				
	■ No								
	☐ Yes. Fill in the details.								
		Describe any insurance cov	verage for the loss	Date of your	Value of property				
		Include the amount that insurpending insurance claims on Property.		loss	lost				

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Deb	otor 1	NICOLE L.	KINKIN		Case number (if known)				
Par	t 7:	List Certain	Payments or Transfers						
16.	consul	Ited about s	eeking bankruptcy or prepa	did you or anyone else acting on your iring a bankruptcy petition? ers, or credit counseling agencies for ser					
		0							
	■ Ye	es. Fill in the	details.						
	Addre Email	or website		Description and value of any prop transferred	erty Date payment or transfer was made	Amount of payment			
	Debt Foun		and Certification		8/12/15	\$15.00			
	1500 Suite		er Lane	Attorney Fees	8/3/15	\$2,000.00			
	Lisle,	, IL 60532-2 , IL 60532-2 .lla@sbcglo	2135						
17.	promis Do not	Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors? On not include any payment or transfer that you listed on line 16.							
	□ Ye	es. Fill in the	details.						
	Perso Addre	on Who Was ess	Paid	Description and value of any prop transferred	erty Date payment or transfer was made	Amount of payment			
18.	Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs? Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement. No Yes. Fill in the details.								
			eived Transfer	Description and value of	Describe any property or	Date transfer was			
	Addre	ess		property transferred	payments received or debts paid in exchange				
	Perso	on's relations	snip to you						
19.	benefic ■ No	ciary? (Thes	e are often called asset-prote	cy, did you transfer any property to a section devices.)	elf-settled trust or similar dev	ice of which you are a			
		of trust	-	Description and value of the prope	erty transferred	Date Transfer was made			

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Debtor 1 NICOLE L. KINKIN

Case number (if known)

Par	t 8: List of Certain Fina	ancial Accounts, Ins	truments, Safe Deposi	t Boxes, and Sto	orage Unit	s				
20.	Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.									
	■ No □ Yes. Fill in the deta	•	iations, and other initial	noidi mattution	3.					
	Name of Financial Instit Address (Number, Street, Ci Code)	tution and	Last 4 digits of account number	Type of accou instrument	nt or	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer			
21.	-	Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?								
[■ No □ Yes. Fill in the deta	ils.								
	Name of Financial Instit Address (Number, Street, Ci		Who else had acc Address (Number, S State and ZIP Code)		Describe t	the contents	Do you still have it?			
22.	Have you stored propert	y in a storage unit o	r place other than you	home within 1	year befor	e you filed for bankrupto	су			
l I	■ No □ Yes. Fill in the deta	■ No □ Yes. Fill in the details.								
	Name of Storage Facilit Address (Number, Street, Ci	•	Who else has or l to it? Address (Number, S State and ZIP Code)		Describe t	the contents	Do you still have it?			
Par	t 9: Identify Property Y	ou Hold or Control f	or Someone Else							
23.	Do you hold or control a for someone.	iny property that son	neone else owns? Incl	ude any propert	y you borr	rowed from, are storing f	or, or hold in trust			
	■ No □ Yes. Fill in the deta	ails.								
	Owner's Name Address (Number, Street, Ci	ty, State and ZIP Code)	Where is the prop (Number, Street, City, S Code)		Describe t	the property	Value			
Par	t 10: Give Details Abou	t Environmental Info	rmation							
For	the purpose of Part 10, th	ne following definitio	ons apply:							
	Environmental law mean toxic substances, waste regulations controlling t	s, or material into th	e air, land, soil, surfac	e water, ground						
	Site means any location to own, operate, or utiliz		_	environmental la	aw, wheth	er you now own, operate	e, or utilize it or used			
	Hazardous material mea hazardous material, poll			as a hazardous	waste, ha	zardous substance, toxi	c substance,			
Rep	ort all notices, releases,	and proceedings tha	t you know about, reg	ardless of when	they occu	ırred.				
24.	Has any governmental u	init notified you that	you may be liable or p	otentially liable	under or i	n violation of an environ	mental law?			
	■ No □ Yes. Fill in the deta	ils.								
	Name of site Address (Number, Street, Ci	ty, State and ZIP Code)	Governmental un Address (Number, S ZIP Code)		Enviro know	onmental law, if you it	Date of notice			

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Case number (if known)

Debtor 1 NICOLE L. KINKIN

25.	Have	you notified any governmental unit of	any release of hazardous material?						
		No							
	□ 1	es. Fill in the details.							
		e of site ress (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State an ZIP Code)	nd	Environmental law, if you know it	Date of notice			
26.	Have	you been a party in any judicial or adr	ninistrative proceeding under any en	viron	mental law? Include settlements	and orders.			
	I	No							
	□ \	es. Fill in the details.							
		e Title e Number	Court or agency Name Address (Number, Street, City, State and ZIP Code)	Na	ture of the case	Status of the case			
Part	11:	Give Details About Your Business or	Connections to Any Business						
27.	Withi	n 4 years before you filed for bankrupt	tcy, did you own a business or have a	any o	f the following connections to ar	y business?			
	[$oldsymbol{\square}$ A sole proprietor or self-employed i	n a trade, profession, or other activity	y, eitl	her full-time or part-time				
	☐ A member of a limited liability company (LLC) or limited liability partnership (LLP)								
	☐ A partner in a partnership								
	[□ An officer, director, or managing executive of a corporation							
	☐ An owner of at least 5% of the voting or equity securities of a corporation								
	No. None of the above applies. Go to Part 12.								
	Yes. Check all that apply above and fill in the details below for each business.								
	Business Name Describe the nature of the business Employer Identification number								
	Address (Number, Street, City, State and ZIP Code)		Name of accountant or bookkeeper		Do not include Social Security number or ITIN. Dates business existed				
20	\A/:4L :	n 2 years hefere you filed for healtrunt	tour did you give a financial etatement			lude all financial			
		n 2 years before you filed for bankrupt utions, creditors, or other parties.	icy, did you give a financial statement	t to a	myone about your business? Inc	lude all financial			
	_ `	No							
		es. Fill in the details below.							
	Nam Addr		Date Issued						
	•	per, Street, City, State and ZIP Code)	204.4						
	ΡÓ	Financial Box 380901 omington, MN 55438	2014						
Pari	12:	Sign Below							
		_							
are t with	rue ar a ban	d the answers on this <i>Statement of Fir</i> nd correct. I understand that making a kruptcy case can result in fines up to §§ 152, 1341, 1519, and 3571.	false statement, concealing property	, or c	obtaining money or property by fi				
NIC	OLE	LE L. KINKIN L. KINKIN e of Debtor 1	Signature of Debtor 2						
Date	∍ Ja	nuary 28, 2016	Date						
Did y ■ N □ Y	0	tach additional pages to Your Stateme	ent of Financial Affairs for Individuals	Filir	ng for Bankruptcy (Official Form	107)?			

Statement of Financial Affairs for Individuals Filing for Bankruptcy

Official Form 107

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Debtor 1	NICOLE L. KINKIN	Case number (if known)	
Did you pa	ay or agree to pay someone who is not an attorney to help you	fill out bankruptcy forms?	
■ No			
🛘 Yes. Na	ame of Person Attach the Bankruptcy Petition Preparer's N	otice, Declaration, and Signature (Official Form 119).	

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Fill in this information to identify your case:						
Debtor 1	NICOLE L. KINKIN	N				
	First Name	Middle Name	Last Name			
Debtor 2						
(Spouse if, filing)	First Name	Middle Name	Last Name			
United States Ba	ankruptcy Court for the:	NORTHERN DISTRICT	OF ILLINOIS			
Case number _					☐ Check if this is an	
					amended filing	

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

Part 1: List Your Creditors Who Have Secured Claims

1. For any creditors that you listed in Part 1 of Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D), fill in the information below.

Identify the creditor and the property that is collateral	What do you intend to do with the property that secures a debt?	Did you claim the property as exempt on Schedule C?
Creditor's Ally Financial name:	☐ Surrender the property. ☐ Retain the property and redeem it.	□ No
Description of property securing debt: 2013 CHEVROLET CAPTIVA 27500 miles Location: 1040 Ontario Street, Unit 3K, Oak Park IL 60302	■ Retain the property and enter into a Reaffirmation Agreement.□ Retain the property and [explain]:	■ Yes
Creditor's Mastercare HOA name:	☐ Surrender the property.☐ Retain the property and redeem it.	□ No
Description of 1040 Ontario Street, Unit 3K	☐ Retain the property and enter into a Reaffirmation Agreement.	■ Yes
property Securing debt: Oak Park, IL 60302 Cook County	Retain the property and [explain]: no note esists to reaffirm	
Creditor's Seterus Inc name:	☐ Surrender the property. ☐ Retain the property and redeem it.	□ No
Description of 1040 Ontario Street, Unit 3K Oak Park, IL 60302 Cook	Retain the property and enter into a Reaffirmation Agreement.	■ Yes

Official Form 108

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Debtor 1 NICO	LE L. KINKIN	Case number (if kno	wn)
property securing debt:	County	☐ Retain the property and [explain]:	
Creditor's Us	s Bank	☐ Surrender the property. ☐ Retain the property and redeem it.	□ No
Description of property securing debt:	2012 BUICK LACROSSE 31200 miles Location: 1040 Ontario Street, Unit 3K, Oak Park IL 60302	Retain the property and [explain]:	■ Yes
For any unexpired in the information	n below. Do not list real estate lease	ases listed in Schedule G: Executory Contracts and Unexp es. Unexpired leases are leases that are still in effect; ase if the trustee does not assume it. 11 U.S.C. § 365(the lease period has not yet ended.
Describe your ur	nexpired personal property leases		Will the lease be assumed?
Lessor's name:			□ No
Description of lease Property:	sed		☐ Yes
Lessor's name:			□ No
Description of lease Property:	sed		☐ Yes
Lessor's name:			□ No
Description of lease Property:	sed		☐ Yes
Lessor's name:			□ No
Description of lease Property:	sed		☐ Yes
Lessor's name:			□ No
Description of lease Property:	sed		☐ Yes
Lessor's name:			□ No
Description of lease Property:	sed		☐ Yes
Lessor's name:			□ No
Description of lease Property:	sea		☐ Yes
Part 3: Sign Bo	elow		
	perjury, I declare that I have indicat ubject to an unexpired lease.	ted my intention about any property of my estate that	secures a debt and any personal
X /s/ NICOLE		X Signature of Debtor 2	
NICOLE L. Signature of		Signature of Debtor 2	
Date Ja	nuary 28, 2016	Date	

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

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Debtor 1	NICOLE L. KINKIN	Case number (if known)

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter 7:	Liquidation
\$245	filing fee
\$75	administrative fee
+ \$15	trustee surcharge
\$335	total fee

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity:

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

+ \$550 administrative fee \$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$75	administrative fee
	\$275	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$75	administrative fee
	\$310	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to:

http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html.

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/ BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. Case 16-02589 Doc 1 Filed 01/28/16 Entered 01/28/16 13:29:16 Desc Main Document Page 51 of 53

B2030 (Form 2030) (12/15)

United States Bankruptcy Court Northern District of Illinois

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S) 1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows: For legal services, I have agreed to accept Prior to the filing of this statement I have received \$ 2,000.00 Balance Due \$ 0.00 2. \$ 335.00 of the filing fee has been paid. 3. The source of the compensation paid to me was: Debtor Other (specify): 4. The source of compensation to be paid to me is: Debtor Other (specify): 1 have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm copy of the agreement, together with a list of the names of the people sharing in the compensation is attached. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including: a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy; b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required; c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof; d. [Other provisions as needed] see retainer agreement for details and clarification.	In re	NICOLE L. KINKIN		Case N			
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Signature of Attorney Richard L. Hirsh, P.C. 1500 Eisenhower Lane Suite 800 Lisle, IL 60532-2135 630 434-2600 Fax: 630 434-2626 richala@sbcglobal.net	Ja	inuary 28, 2016	/s/ Richard L. Hirs	sh			
Richard L. Hirsh, P.C. 1500 Eisenhower Lane Suite 800 Lisle, IL 60532-2135 630 434-2600 Fax: 630 434-2626 richala@sbcglobal.net	Do	ate					
Suite 800 Lisle, IL 60532-2135 630 434-2600 Fax: 630 434-2626 richala@sbcglobal.net							
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630 434-2600 Fax: 630 434-2626 richala@sbcglobal.net				35			
richala@sbcglobal.net			630 434-2600 Fa	x: 630 434-2626	•		
Name of law firm			richala@sbcglob				
			Name of law firm				

United States Bankruptcy Court Northern District of Illinois

Northern District of Hillings						
In re	NICOLE L. KINKIN	Debtor(s)	Case No. Chapter 7			
	VI	ERIFICATION OF CREDITOR MA	TRIX			
		Number of Co	reditors:	2		
	The above-named Debtor(s) (our) knowledge.) hereby verifies that the list of creditor	s is true and cor	rect to the best of my		
Date:	January 28, 2016	/s/ NICOLE L. KINKIN NICOLE L. KINKIN Signature of Debtor				

Aaron Cordo Case 16-02589 Doc 1 1040 Ontario Unit 3K Oak Park, IL 60302

Eiled 01/28/16 13:29 INE SPESCAMENT PHARMACY 2 Poocympest Ave Page 53 of 53 Maywood, IL 60153

2354 COMMERCE PARK DR STE 10 Orlando, FL 32819

AES/slma Tst Aes/Ddb Po Box 8183 Harrisburg, PA 17105 Loyola University Medical Center Post Office 3266 Milwaukee, WI 53201-3266

Seterus Inc 14523 Sw Millikan Way St Beaverton, OR 97005

AES/slma Tst Pob 61047 Harrisburg, PA 17106

Loyola University Medical Center PO BOX 3021 Milwaukee, WI 53201-3021

Syncb/tjx Cos Dc 4125 Windward Plaza Alpharetta, GA 30005

Ally Financial P O Box 380901 Bloomington, MN 55438

Loyola University Medical Center PO BOX 3266 Milwaukee, WI 53201-3266

Td Bank Usa/targetcred Po Box 673 Minneapolis, MN 55440

American Express Po Box 3001 16 General Warren Blvd Malvern, PA 19355

LUMC Patient Payments PO BOX 3021 Milwaukee, WI 53201-3021 Transworld Systems 507 Prudential Road Horsham, PA 19044

American Express P.o. Box 981537 El Paso, TX 79998

Mastercare HOA 41 Chicago Ave. Oak Park, IL 60302 Us Bank Po Box 5227 Cincinnati, OH 45201

Cap1/bstby PO BOX 30253 Salt Lake City, UT 84130

Nationwide Credit & Collection c/o Evergreen Bank Group PO BOX 3159 Hinsdale, IL 60522-3159

Discover Fin Svcs Llc Po Box 15316 Wilmington, DE 19850

Nationwide Credit & Collection PO BOX 3159 Oak Brook, IL 60522-3159

GECRB/Walmart Attn: Bankruptcy Po Box 103104 Roswell, GA 30076

Nationwide Credit & Collection, Inc c/o Evergreen Bank Group PO BOX 3219 Hinsdale, IL 60522-3219

GECRB/Walmart Po Box 965024 Orlando, FL 32896 NPAS, Inc. PO BOX 99400 Louisville, KY 40269